1	MULTIPLE DEPENDENT CLAIM						SERIAI	SERIAL NO.				FILING DATE			
ĺ	FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							10/540900 APPLICANT(S)							
 		(FOR O	SE WIII	I FORIVI	10-8/5			.AIVI(5)							
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PTO - 1360	(REV. 11/04)					100 mg		U	S. DEPARTM	1ENT of CON	4MERCE		10/ 10		

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